



# Montana Medicaid

# CLAIM JUMPER

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## In This Issue

List of Eligible Drug Manufacturers Updated .....	1
Effective Date Change for Psychiatric Residential Treatment Facility (PRTF) Reimbursement and PRTF Assessment Services. ....	1
Top 15 Claim Denial Reasons .....	1
Holiday eSOR Schedule .....	2
New End User Agreement for Providers .....	2
Paperwork Attachment Tips .....	2
NPI Billing .....	2
Successful Billing With TPL .....	2
Adjustment Tips .....	2
Publications Reminder .....	2
Recent Publications .....	3

## List of Eligible Drug Manufacturers Updated

Montana Medicaid reimburses only for drugs that are manufactured by companies that have a signed rebate agreement with CMS. An updated list of these manufacturers has been posted on the provider website at <http://medicaidprovider.hhs.mt.gov/pdf/currentlabelers.pdf>. To determine if a manufacturer has signed a rebate agreement, check the first five digits of the National Drug Code (NDC) against the list. If there is no match, the drug is not reimbursable. The list will be updated quarterly, so please check regularly to assure coverage.

In addition, the valid NDC must be recorded on the claim (no spaces, no punctuation) as an 11-digit series of numbers. Claims will be denied for drugs billed without a valid 11-digit NDC. Providers also must be careful when entering the NDC quan-

tity (the administered amount). For more information on billing with NDCs, refer to the provider notice dated March 7, 2008.

## Effective Date Change For Psychiatric Residential Treatment Facility (PRTF) Reimbursement and PRTF Assessment Services

Effective March 1, 2009, (rather than January 1) PRTFs will receive a bundled reimbursement rate to include psychiatric, medical and ancillary services. All medical and ancillary services provided to youth while in a PRTF must be billed to the PRTF by the entity provid-

ing the service, starting March 1, 2009. This applies to both in and out-of-state PRTFs enrolled in Montana Medicaid. PRTF Assessment Services will also be effective March 1, 2009. The signature of the youth's targeted case manager will not be required on certificates of need for therapeutic family or foster care, therapeutic youth group home and PRTF services beginning January 1, 2009. For more information see MAR Notice No. 37-448 on the Secretary of State's website at <http://sos.mt.gov/ARM/Register/archives/MAR2008/MAR21-08.pdf>, (page 2360-2374) or contact CMHB Clinical Program Supervisor Diane White at (406) 444-1535 or email [dwhite@mt.gov](mailto:dwhite@mt.gov).

*Submitted by Diane White, DPHHS*

## Top 15 Claim Denial Reasons

Exception	November Ranking	October Ranking
EXACT DUPLICATE	1	2
RECIPIENT NOT ELIGIBLE DOS	2	1
REFILL TOO SOON	3	5
RATE TIMES DAYS NOT = CHARGE	4	50
DRUG CONTROL CODE = 2 (DENY)	5	3
PASSPORT PROVIDER NO. MISSING	6	14
CLAIM INDICATES TPL	7	8
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	8	12
PA MISSING OR INVALID	9	10
PROVIDER TYPE/PROCEDURE MISMAT	10	15
RECIPIENT COVERED BY PART B	11	11
SLMB OR QI-1 ELIGIBILITY ONLY	12	16
DRUG QUANTITY MISSING	13	4
REV CODE INVALID FOR PROV TYPE	14	9
RENDERING NOT REQUIRED	15	27

## Holiday eSOR Schedule

Due to the Christmas and New Year's Day holidays, Electronic Statements of Remittance (eSORs) will be posted to the website on Tuesday afternoon, December 30 and January 6. Payments also will be delayed by one day.

## New End User Agreement for Providers

Much of the provider information contained on the Montana Medicaid website is copyrighted by the American Medical Association and the American Dental Association. This includes items such as CPT codes and CDT codes. Before you can enter the Resources by Provider Type, Emergency Services, or Provider Newsletter sections of the site, you now will be required to read and accept an agreement to abide by the copyright rules regarding the information you find there. If you choose not to accept the agreement, you will return to the Montana Medicaid home page. If you have questions about this agreement, please call Provider Relations at (800) 624-3958.

## Paperwork Attachment Tips

Providers can submit electronic claims to ACS even if they need to include separate paper documentation. Ensure the PWK information is on the electronic claim, then simply mail or fax the documentation with the paperwork attachment cover sheet available on [www.mtmedicaid.org](http://www.mtmedicaid.org).

There are two types of attachments: claim-specific and non-claim specific. Claim-specific attachments are TPL attachments indicating the claim was either denied by the other payer or the full allowed amount was applied to the other payer deductible. The explanation of benefits must contain the verbiage as to why the other payer did not make a payment on the services. No attachment is necessary if the other payer made a payment. The payment should be reflected in the appropriate loop and segment.

Non-claim-specific attachments include sterilization forms, abortion forms, hysterectomy forms and FA-455 forms. Non-claim-specific attachments will be copied and imaged as a paperwork attachment to be referenced for any claim requiring the attachment.

The client ID is the most important information on the coversheet and/or the attachment. Providers must include the client ID so the paperwork can be located for processing. The client ID on the paperwork attachment must match the client ID sent on the claim. If the client ID on the attachment is the card control number, then the claim must be billed with the card control number. If the client ID on the attachment is the Social Security number or another billable client identifier, then the claim must be billed with that ID.

Claims requiring paperwork remain pending for at least 30 days waiting for paperwork to be submitted.

Providers can call Provider Relations at (800) 624-3958 with questions in relation to attachments.

## NPI Billing

Many providers who are required to bill using a National Provider Identifier (NPI) and taxonomy are now doing so correctly. However, ACS is still receiving claims that must be returned to the provider or are denied due to incorrect use of the NPI. Please remember the following when billing with an NPI and taxonomy:

- The provider must be enrolled with Montana's Healthcare Programs. Current providers who have not yet reenrolled can do so online at [www.mtmedicaid.org](http://www.mtmedicaid.org).
- Providers must bill the correct taxonomy for the line of business and for the services being billed.
- Providers must bill the taxonomy that was used during enrollment or reenrollment. This taxonomy appears on the enrollment record in the claims processing system.
- Only the following pay-to (billing) provider types should bill a rendering provider on the claim: podiatry clinic, physical therapist clinic, speech therapist clinic, occupational therapist clinic, dental clinic, physician clinic, dedicated emergency department, general group or clinic, provider-based clinics, hospitals, FQHCs, and RHCs. Provider types other than those on this list should not include a rendering provider on the claim that is different than the pay-to provider.

## Successfully Billing With TPL

When billing for a claim with third-party liability (TPL), please remember the following tips:

- Record only actual payments by the third-party insurer carrier on the claim. Do not include the client's cost share, incurment or previous Montana's Healthcare Programs payment.
- When sending TPL attachments, either as paperwork or attached to a paper claim, ensure the verbiage for the reason for the denial by the other insurance carrier is included.
- When sending an explanation of benefits (EOB) from the other carrier, please make sure to also record the payment by that carrier on the claim transaction. You must retain the EOB from the other carrier according to ARM 37.85.414( c ).
- If billing on a paper CMS-1500, ensure the phone number in field 33 is not close to the amount paid line above.

## Adjustment Tips

Providers who are submitting adjustments must send a copy of the remittance advice showing the ICN of the claim to be adjusted and the request authorizing the adjustment must be signed and dated.

Please be as clear as possible on the action you wish to be taken on the adjustment. Unless the request is for a credit, avoid terms such as "pull back," "credit," "back out," or "reverse." If you are requesting credit, write "claim credit" or "CC" at the top of the adjustment request form.

## Publications Reminder

It is providers' responsibility to be familiar with Medicaid manuals, fee schedules, and notices for their provider type, as well as other information published in the *Claim Jumper* and on the Medicaid website ([mtmedicaid.org](http://mtmedicaid.org)).

14,250 copies of this newsletter were printed at an estimated cost of \$.36 per copy, for a total cost of \$5,174.93, which includes \$2,197 for printing and \$2,977.93 for distribution.

Alternative accessible formats are available by calling the DPHHS Office of Planning, Coordination and Analysis at (406) 444-9772.

## Recent Publications

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from [www.mtmedicaid.org](http://www.mtmedicaid.org), the Provider Information website. Select **Resources by Provider Type** for a list of resources specific to your provider type. If you cannot access the information, contact Provider Relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

Recent Publications Available on Website		
Date	Provider Type	Description
<b>Notices and Replacement Pages</b>		
11/18/08	Inpatient Hospital	Inpatient Out-of-State Hospital Changes (revised)
11/26/08	DME	DMEPOS manual replacement pages: Covered Services
<b>Fee Schedules</b>		
11/17/08	Ambulatory Surgical Centers	Fee schedule
11/20/08	Hospital Outpatient	APC schedule, outpatient procedure fee schedule
<b>Other Resources</b>		
10/30/08	Pharmacy	Updated PDL
11/03/08, 11/10/08, 11/17/08, 11/25/08	All Provider Types	What's New on the Site This Week
11/10/08	All Provider Types	Revised Frequently Asked Questions
11/11/08	All Provider Types	December 2008 <i>Claim Jumper</i>
11/12/08	Pharmacy	Updated link for Evidence-Based Medicine Documentation
11/17/08	Pharmacy	November DUR Board meeting agenda
11/17/08	All Provider Types	Revised Passport provider contract
11/18/08	Pharmacy	Revised Pharmacy Key Contacts
11/18/08	All Provider Types	Revised news item regarding NPI and Taxonomy Paper Claim Instructions
11/18/08	Physician, Lab and Imaging	Revised Physician Related Services Key Contacts
11/18/08	Hearing Aids	Revised Hearing Aid Providers Key Contacts
11/18/08	EPSDT	Revised EPSDT Key Contacts
11/20/08	All Provider Types	News item regarding Holiday eSOR Schedule
11/20/08	Audiology	Revised Audiology Key Contacts
11/20/08	Dialysis Clinics	Revised Dialysis Clinics Key Contacts
11/20/08	All Provider Types	News item regarding Provider Survey
11/25/08	All Provider Types	News item regarding New End User Agreement for Providers
11/25/08	All Provider Types	AMA/ADA disclaimer added for users accessing Resources by Provider Type page
11/25/08	Dentists, Denturists	Revised Dental Key Contacts
11/25/08	Ambulance	Revised Ambulance Key Contacts
11/25/08	Personal and Commercial Transportation	Revised Commercial Transportation Key Contacts
11/26/08	DME	Revised DME Key Contacts
11/28/08	Hearing Aids	Revised Hearing Aid Providers Key Contacts
11/28/08	Audiology	Revised Audiology Key Contacts

Montana Medicaid  
ACS  
P.O. Box 8000  
Helena, MT 59604

PRSRT STD  
U.S. Postage  
PAID  
Eau Claire, WI  
Permit No. 366

## Key Contacts

Provider Information website: <http://www.mtmedicaid.org>

ACS EDI Gateway website: <http://www.acs-gcro.com>

ACS EDI Help Desk (800) 624-3958

### Provider Relations

(800) 624-3958 (In- and out-of-state)

(406) 442-1837 (Helena)

(406) 442-4402 Fax

Email: [MTPRHelpdesk@ACS-inc.com](mailto:MTPRHelpdesk@ACS-inc.com)

TPL (800) 624-3958 (In- and out-of-state)

(406) 443-1365 (Helena)

(406) 442-0357 Fax

Direct Deposit Arrangements (406) 444-5283

### Verify Client Eligibility

FAXBACK (800) 714-0075

Automated Voice Response (AVR) (800) 714-0060

Point-of-Sale Help Desk for Pharmacy Claims (800) 365-4944

PASSPORT (800) 362-8312

### Prior Authorization

Mountain-Pacific Quality Health Foundation (800) 262-1545

Mountain-Pacific Quality Health Foundation—DMEPOS/Medical

(406) 457-5887 local, (877) 443-4021, ext. 5887 long-distance

First Health (800) 770-3084

Transportation (800) 292-7114

Prescriptions (800) 395-7961

Provider Relations  
P.O. Box 4936  
Helena, MT 59604

Claims Processing  
P.O. Box 8000  
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Third Party Liability  
P.O. Box 5838  
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